

2013 DRAFTING REQUEST

Bill

Received:	11/27/2012	Received By:	tdodge
Wanted:	As time permits	Same as LRB:	
For:	Jerry Petrowski (608) 266-1182	By/Representing:	Tim Fiocchi
May Contact:		Drafter:	tdodge
Subject:	Health - public health	Addl. Drafters:	
		Extra Copies:	

Submit via email: **YES**
 Requester's email: **Sen.Petrowski@legis.wisconsin.gov**
 Carbon copy (CC) to: **tamara.dodge@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Requiring pulse oximetry in newborns

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 12/27/2012	jdye 1/11/2013	jmurphy 1/14/2013	_____			
/P1	tdodge 1/30/2013	jdye 1/31/2013	rschluet 1/31/2013	_____	srose 1/14/2013		State S&L
/1	tdodge 2/1/2013	wjackson 2/1/2013	phenry 2/3/2013	_____	sbasford 1/31/2013		State S&L
/2	tdodge			_____	sbasford	srose	State

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	2/6/2013			_____	2/3/2013	2/4/2013	S&L
/3		jdye 2/6/2013	phenry 2/6/2013	_____	sbasford 2/6/2013	sbasford 2/6/2013	State S&L

FE Sent For:

<END>

A+
Intro.

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/1	tdodge 2/1/2013	wjackson 2/1/2013	phenry 2/3/2013		sbasford 1/31/2013		State S&L
/2		<i>13 2/6 jld</i>			sbasford	srose	State

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				_____	2/3/2013	2/4/2013	S&L

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/2				_____	sbasford		State

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Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
1/2	tdodge	1/11 jld	1/11/13	1/14/13			

FE Sent For:

<END>

Dodge, Tamara

From: Fiocchi, Tim
Sent: Tuesday, November 27, 2012 9:38 AM
To: Dodge, Tamara
Subject: RE: Congenital heart defect draft

Hi Tamara,

We'd like to go with leaving the requirement to perform pulse ox and allowing DHS to alter it over time.

Thank you,

Tim

From: Dodge, Tamara
Sent: Monday, October 22, 2012 11:35 AM
To: Fiocchi, Tim
Subject: Congenital heart defect draft

Tim,

Back in August we met about redrafting 2011 AB 622 regarding congenital heart defect screening. I believe I am still waiting for a decision how you wanted to deal with pulse oximetry. The alternatives I remember were: leaving the requirement to perform pulse ox and allowing DHS to alter the requirement over time, changing the requirement to a general congenital heart defect screening and either mention pulse ox as an option or don't mention a method, and changing the requirement to refer to a federal standard (but the "standard" is only in memo form from the federal government.)

I was not planning on proceeding until your office decided direction on the requirement draft. Please contact me if you would like me to proceed with the redraft or if you would like to discuss the options.

Thanks,
Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov



In 12/27/12
State of Wisconsin
2011 - 2012 LEGISLATURE

wid
1/16
(pr
emb)



LRB-4025/1

TJD/jld/jf

RMNR

Keep

3
2011 ASSEMBLY BILL 622

February 23, 2012 - Introduced by Representatives KLEEFISCH, KERKMAN, LEMAHIEU, PASCH, BROOKS, SPANBAUER, FIELDS, JACQUE, RIPP, HEBL, VRUWINK, C. TAYLOR, WYNN, STRACHOTA, PETROWSKI, BERCEAU and RICHARDS, cosponsored by Senators LASSA, TAYLOR, RISSER and ERPENBACH. Referred to Committee on Health.

✓
1 AN ACT *to create* 253.113 of the statutes; **relating to:** requiring pulse oximetry
2 in newborns. ✓ that occurred in or on route to a hospital

✓ with certain exceptions

Analysis by the Legislative Reference Bureau

Under current law, the attending physician or nurse-midwife must ensure that every infant born undergoes a blood test for congenital disorders and metabolic disorders and a screening for hearing loss. ✓ This bill requires the physician, nurse-midwife, or certified professional midwife, who attended a birth, to ensure that the infant is screened for a congenital heart defect using pulse oximetry before the infant is discharged from the hospital. The bill also requires the physician, nurse-midwife, or certified professional midwife, who attended the birth to ensure that a parent or legal guardian of the infant is advised of the screening result and, if the infant has an abnormal screening result, to ensure that a parent or legal guardian of the infant is provided information on available resources for further diagnosis and treatment for a possible congenital heart defect.

For further information see the **state and local** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3 SECTION 1. 253.113 of the statutes is created to read:

ASSEMBLY BILL 622

SECTION 1

1 **253.113 Newborn pulse-oximetry screening.** (1) DEFINITIONS. In this
2 section:

3 (a) "Hospital" has the meaning given in s. 50.33 (2).

4 (b) "Infant" means a child from birth to 3 months of age.

5 (c) "Pulse oximetry" means a method of measuring the oxygen saturation of
6 arterial blood in a subject using a sensor attached to a finger, toe, or ear to determine
7 the percentage of oxyhemoglobin in blood pulsating through a network of capillaries.

8 (2) SCREENING REQUIRED. Except as provided in sub. (3), the physician,
9 nurse-midwife licensed under s. 441.15, or certified professional midwife licensed
10 under s. 440.982, who attended a birth shall ensure that the infant is screened for
11 a congenital heart defect using pulse oximetry before the infant is discharged from
12 the hospital.

13 (3) EXCEPTIONS. (a) Subsection (2) does not apply if a parent or legal guardian
14 of the infant objects to pulse oximetry on the grounds that the screening conflicts
15 with his or her religious tenets and practices.

16 (b) No screening may be performed under sub. (2) unless a parent or legal
17 guardian of the infant is fully informed of the purposes of pulse oximetry and has
18 been given reasonable opportunity to object under par. (a) to the screening.

19 (4) SCREENING RESULTS. The physician, nurse-midwife licensed under s. 441.15,
20 or certified professional midwife licensed under s. 440.982, who is required to ensure
21 that the infant is screened under sub. (2) shall do all of the following:

22 (a) Ensure that a parent or legal guardian of the infant is advised of the
23 screening result.

that occurred in a
hospital or on route to
a hospital

or a method designated under sub. (5)

congenital heart defect screening

congenital
heart defect
screening

Insert
2-13

ASSEMBLY BILL 622

Insert ✓
3-4
1 (b) If the infant has an abnormal screening result, ensure that a parent or legal
2 guardian of the infant is provided information on available resources for further
3 diagnosis and treatment for a possible congenital heart defect. ✓

4 (5) RULES. The department may specify, by rule, how to complete the screening
5 under sub. (2). ✓

SECTION 2. Nonstatutory provisions.

6
7 (1) A physician, nurse-midwife, or certified professional midwife, who
8 attended the birth of an infant in a hospital in which 500 or fewer infants were
9 delivered in the 2011 calendar year is not required to comply with section 253.113
10 of the statutes, as created by this act, until the first day of the 7th month beginning
11 after the effective date of this subsection.

SECTION 3. Effective date.

12
13 (1) This act takes effect on the first day of the 7th month beginning after
14 publication. ✓
13

(END)

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0656/Plins
TJD:.....

1 INSERT A

¶ The bill requires the Department of Health Services (DHS) to periodically review medical literature for new, evidence-based practices in congenital heart defect screening. If a congenital heart defect screening method becomes accepted in the medical community as an effective screening method, ~~the department~~ is required to designate that method as an appropriate screening method to comply with the screening requirement. * *

(END INSERT A)

DHS

2 INSERT 2-13

****NOTE: The strategy I used to deal with a potential alternative screening method designated by DHS is to allow the alternate method right in the screening requirement. To avoid potential ambiguity that may result from pulse oximetry being the only named test in sub. (3), I have changed the reference from pulse oximetry to congenital heart defect screening generally. Please let me know if this does not meet your intent.

(END INSERT 2-13)

3 INSERT 3-4

4 (5) ALTERNATE SCREENING METHOD. ✓ The department shall periodically review
5 medical literature for new, evidence-based ✓ practices in congenital heart defect
6 screening. If a congenital heart defect screening method becomes accepted in the
7 medical community as an effective screening method, the department shall
8 designate that method as an appropriate congenital heart defect screening method.

9 The department is not require^d to designate the screening method under this
10 subsection by rule. ✓

****NOTE: Please carefully review the language in this subsection to ensure it complies with your intent. The language implies that use of either pulse oximetry or the newly designated method would comply with the screening requirement. Do you want DHS to be able to eliminate pulse oximetry as an acceptable screening method if it is no longer a best practice? Do you want to require DHS to make rules to designate which method currently satisfies the screening requirement?

(END INSERT 3-4)

(KAWA)

Dodge, Tamara

From: Fiocchi, Tim
Sent: Tuesday, January 29, 2013 3:24 PM
To: Dodge, Tamara
Subject: FW: LRB 0656/P1- screening newborns for CHDs

Hi Tamara,

Per the email below we would like to get a /1 draft as quickly as is practicable that would allow the agency, by rule, to replace pulse ox as the required screening. If you have any questions please give me a call.

Thank you,

Tim

From: Nicole Hudzinski [<mailto:Nicole.Hudzinski@heart.org>]
Sent: Tuesday, January 29, 2013 2:56 PM
To: Fiocchi, Tim
Cc: Jason Bauknecht (jbauknecht@hwz-gov.com)
Subject: LRB 0656/P1- screening newborns for CHDs

Hi Tim,

Thank you again for championing our CHD legislation. We're excited to circulate and look forward to working with you this session.

I like the language Tammy came up with. I think the language she added to allow for an alternative screening method is good. Regarding her note on page 3, we would recommend DHS be able to eliminate pulse ox as an acceptable screening if it is no longer a best practice. In other words, if something better comes along in the future, we'd like it to replace pulse ox as an acceptable method to meet this screening requirement. I believe that answers all of Tammy's questions, but if not, please let me know.

February 7-14 is CHD awareness week, and we were hoping to circulate companion bills on February 7. That timing will help us with our grassroots efforts and we (AHA) tend to get more press pick-up around Valentine's Day. Does that timing work for you? I attached the co-sponsorship memo from last session with a few recommended changes. I will also reach out to stakeholder groups this week to update which groups want to be listed in support. As of now I think we have the two children's hospitals (Wauwatosa & Madison), Marshfield Clinic, American College of Cardiology- WI Chapter, American Academy of Pediatrics- WI Chapter, March of Dimes, and the WI Nurses Association. I'm also close to getting WI Medical Society and American Academy of Family Physicians, but I might not have them by next week.

Once circulated, Jason and I will work hard to get co-sponsors. We also have 700+ petitions in support ready to deliver and we have a TV and radio PSA we're going to send to the media. They're free PSAs so we're at the mercy of the stations as to when/if they run them, but like I said before we tend to get better coverage around Valentine's Day.

Thanks again for championing this for us. Let me know if you like the plan and think we can circulate on February 7.

Nicole

Nicole Hudzinski
Government Relations Director
American Heart Association/

American Stroke Association

Midwest Affiliate

2850 Dairy Drive, Suite 300

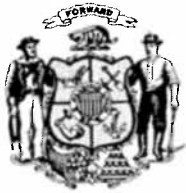
Madison, WI 53718

fax: 608-221-9233

cell: 608-225-4042

E-mail: nicole.hudzinski@heart.org

Join the You're the Cure Network



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0656/P1
TJD:jld:jm

In: 1/30/13

Due Monday
Feb 4

RMNR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

2013 BILL

Regen

✓

1

AN ACT *to create* 253.113 of the statutes; **relating to:** requiring pulse oximetry

2

in newborns; ✓ and granting rule-making authority ↑

Analysis by the Legislative Reference Bureau

Under current law, the attending physician or nurse-midwife must ensure that every infant born undergoes a blood test for congenital disorders and metabolic disorders and a screening for hearing loss. This bill requires the physician, nurse-midwife, or certified professional midwife, who attended a birth that occurred in or on route to a hospital to ensure that the infant is screened for a congenital heart defect using pulse oximetry, or a method designated by the Department of Health Services (DHS), before the infant is discharged from the hospital, with certain exceptions. The bill also requires the physician, nurse-midwife, or certified professional midwife, who attended the birth to ensure that a parent or legal guardian of the infant is advised of the screening result and, if the infant has an abnormal screening result, to ensure that a parent or legal guardian of the infant is provided information on available resources for further diagnosis and treatment for a possible congenital heart defect.

The bill requires DHS to periodically review medical literature for new, evidence-based practices in congenital heart defect screening. If a congenital heart defect screening method becomes accepted in the medical community as an effective screening method, DHS is required to designate that method as an appropriate screening method to comply with the screening requirement. ✓

DHS may replace pulse oximetry ~~with another screening method~~ with that method as the only appropriate screening method by rule. ✓

For further information see the **state and local** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 253.113 of the statutes is created to read:

253.113 Newborn pulse-oximetry screening. (1) DEFINITIONS. In this section:

(a) "Hospital" has the meaning given in s. 50.33 (2).

(b) "Infant" means a child from birth to 3 months of age.

(c) "Pulse oximetry" means a method of measuring the oxygen saturation of arterial blood in a subject using a sensor attached to a finger, toe, or ear to determine the percentage of oxyhemoglobin in blood pulsating through a network of capillaries.

(2) SCREENING REQUIRED. Except as provided in sub. (3), the physician, nurse-midwife licensed under s. 441.15, or certified professional midwife licensed under s. 440.982, who attended a birth that occurred in a hospital or on route to a hospital shall ensure that the infant is screened for a congenital heart defect using pulse oximetry, or a method designated under sub. (5), before the infant is discharged from the hospital.

****NOTE: The strategy I used to deal with a potential alternative screening method designated by DHS is to allow the alternate method right in the screening requirement. To avoid potential ambiguity that may result from pulse oximetry being the only named test in sub. (3), I have changed the reference from pulse oximetry to congenital heart defect screening, generally. Please let me know if this does not meet your intent.

(3) EXCEPTIONS. (a) Subsection (2) does not apply if a parent or legal guardian of the infant objects to congenital heart defect screening on the grounds that the screening conflicts with his or her religious tenets and practices.

1 (b) No screening may be performed under sub. (2) unless a parent or legal
2 guardian of the infant is fully informed of the purposes of congenital heart defect
3 screening and has been given reasonable opportunity to object under par. (a) to the
4 screening.

5 (4) SCREENING RESULTS. The physician, nurse-midwife licensed under s. 441.15,
6 or certified professional midwife licensed under s. 440.982, who is required to ensure
7 that the infant is screened under sub. (2) shall do all of the following:

8 (a) Ensure that a parent or legal guardian of the infant is advised of the
9 screening result.

10 (b) If the infant has an abnormal screening result, ensure that a parent or legal
11 guardian of the infant is provided information on available resources for further
12 diagnosis and treatment for a possible congenital heart defect. (a)✓

13 (5) ALTERNATE SCREENING METHOD. The department shall periodically review
14 medical literature for new, evidence-based practices in congenital heart defect
15 screening. If a congenital heart defect screening method becomes accepted in the
16 medical community as an effective screening method, the department shall
17 designate that method as an appropriate congenital heart defect screening method. ✓
as an appropriate method

18 The department is not required to designate the screening method under this
19 subsection by rule.

***NOTE: Please carefully review the language in this subsection to ensure it
complies with your intent. The language implies that use of either pulse oximetry or the
newly designated method would comply with the screening requirement. Do you want
DHS to be able to eliminate pulse oximetry as an acceptable screening method if it is no
longer a best practice? Do you want to require DHS to make rules to designate which
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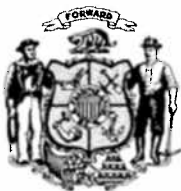
20 (6) RULES. The department may specify, by rule, how to complete the screening
21 under sub. (2). ✓

22 SECTION 2. Effective date.

¶(b) The department, by rule, may replace pulse oximetry, or
another screening method, with the screening method under
this subsection as the only appropriate congenital heart defect screening
method.

1 (1) This act takes effect on the first day of the 13th month beginning after
2 publication.

3 (END)



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0656/1

TJD:jld:rs

In 2/1/13

Due
Mon. 2/4
A.M.

2013 BILL

RMNR
Stays

puv

Regen

- 1 AN ACT *to create* 253.113 of the statutes; **relating to:** requiring pulse oximetry
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5 (b) "Infant" means a child from birth to 3 months of age.

6 (c) "Pulse oximetry" means a method of measuring the oxygen saturation of
7 arterial blood in a subject using a sensor attached to a finger, toe, or ear to determine
8 the percentage of oxyhemoglobin in blood pulsating through a network of capillaries.

9 **(2) SCREENING REQUIRED.** Except as provided in sub. (3) and subject to a rule
10 promulgated under sub. (5) (b), the physician, nurse-midwife licensed under s.
11 441.15, or certified professional midwife licensed under s. 440.982, who attended a
12 birth that occurred in a hospital or on route to a hospital shall ensure that the infant
13 is screened for a congenital heart defect using pulse oximetry, or a method designated
14 under sub. (5), before the infant is discharged from the hospital.

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17 screening conflicts with his or her religious tenets and practices.

18 (b) No screening may be performed under sub. (2) unless a parent or legal
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BILL

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6 (b) If the infant has an abnormal screening result, ensure that a parent or legal
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9 (5) ALTERNATE SCREENING METHOD. (a) The department shall periodically review
10 medical literature for new, evidence-based practices in congenital heart defect
11 screening. If a congenital heart defect screening method becomes accepted in the
12 medical community as an effective screening method, the department shall
13 designate that method as an appropriate congenital heart defect screening method.
14 The department is not required to designate as an appropriate method the screening
15 method under this subsection by rule.

16 (b) The department, by rule, may ^{re}place pulse oximetry, or another screening
17 method, with the screening method under this subsection as the only appropriate
18 congenital heart defect screening method.

19 (6) RULES. The department may specify, by rule, how to complete the screening
20 under sub. (2).

21 **SECTION 2. Effective date.**

22 (1) This act takes effect on the first day of the 13th month beginning after
23 publication.

24 (END)

Rose, Stefanie

From: Fiocchi, Tim
Sent: Monday, February 04, 2013 10:04 AM
To: LRB.Legal
Subject: Draft Review: LRB -0656/2 Topic: Requiring pulse oximetry in newborns

Please Jacket LRB -0656/2 for the SENATE.



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0656/2

TJD:jld:ph

RMR

Jacket is
being
returned

In: 2/6/2013 Today

2013 BILL

✓
Congenital heart defect screening ✓
Regen

- 1 AN ACT *to create* 253.113 of the statutes; **relating to:** requiring pulse oximetry
2 in newborns and granting rule-making authority.

Analysis by the Legislative Reference Bureau

Under current law, the attending physician or nurse-midwife must ensure that every infant born undergoes a blood test for congenital disorders and metabolic disorders and a screening for hearing loss. This bill requires the physician, nurse-midwife, or certified professional midwife, who attended a birth that occurred in or on route to a hospital to ensure that the infant is screened for a ✓ congenital heart defect using pulse oximetry, or a method designated by the Department of Health Services (DHS), before the infant is discharged from the hospital, with certain exceptions. The bill also requires the physician, nurse-midwife, or certified professional midwife, who attended the birth to ensure that a parent or legal guardian of the infant is advised of the screening result and, if the infant has an abnormal screening result, to ensure that a parent or legal guardian of the infant is provided information on available resources for further diagnosis and treatment for a possible congenital heart defect.

The bill requires DHS to periodically review medical literature for new, evidence-based practices in congenital heart defect screening. If a congenital heart defect screening method becomes accepted in the medical community as an effective screening method, DHS is required to designate that method as an appropriate screening method to comply with the screening requirement. DHS may replace pulse oximetry with that method as the only appropriate screening method by rule.

BILL

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

(B) congenital heart defect ✓

SECTION 1. 253.113 of the statutes is created to read:

253.113 Newborn pulse-oximetry screening. (1) DEFINITIONS. In this section:

(a) "Hospital" has the meaning given in s. 50.33 (2).

(b) "Infant" means a child from birth to 3 months of age.

(c) "Pulse oximetry" means a method of measuring the oxygen saturation of arterial blood in a subject using a sensor attached to a finger, toe, or ear to determine the percentage of oxyhemoglobin in blood pulsating through a network of capillaries.

(2) SCREENING REQUIRED. Except as provided in sub. (3) and subject to a rule promulgated under sub. (5) (b), the physician, nurse-midwife licensed under s. 441.15, or certified professional midwife licensed under s. 440.982, who attended a birth that occurred in a hospital or on route to a hospital shall ensure that the infant is screened for a congenital heart defect using pulse oximetry, or a method designated under sub. (5), before the infant is discharged from the hospital.

(3) EXCEPTIONS. (a) Subsection (2) does not apply if a parent or legal guardian of the infant objects to congenital heart defect screening ✓ on the grounds that the screening conflicts with his or her religious tenets and practices.

(b) No screening may be performed under sub. (2) unless a parent or legal guardian of the infant is fully informed of the purposes of congenital heart defect screening and has been given reasonable opportunity to object under par. (a) to the screening.

BILL

1 (4) SCREENING RESULTS. The physician, nurse-midwife licensed under s. 441.15,
2 or certified professional midwife licensed under s. 440.982, who is required to ensure
3 that the infant is screened under sub. (2) shall do all of the following:

4 (a) Ensure that a parent or legal guardian of the infant is advised of the
5 screening result.

6 (b) If the infant has an abnormal screening result, ensure that a parent or legal
7 guardian of the infant is provided information on available resources for further
8 diagnosis and treatment for a possible congenital heart defect.

9 (5) ALTERNATE SCREENING METHOD. (a) The department shall periodically review
10 medical literature for new, evidence-based practices in congenital heart defect
11 screening. If a congenital heart defect screening method becomes accepted in the
12 medical community as an effective screening method, the department shall
13 designate that method as an appropriate congenital heart defect screening method.
14 The department is not required to designate as an appropriate method the screening
15 method under this subsection by rule.

16 (b) The department, by rule, may replace pulse oximetry, or another screening
17 method, with the screening method under this subsection as the only appropriate
18 congenital heart defect screening method.

19 (6) RULES. The department may specify, by rule, how to complete the screening
20 under sub. (2).

21 **SECTION 2. Effective date.**

22 (1) This act takes effect on the first day of the 13th month beginning after
23 publication.

24 (END)